TAXABLE YEAR

2024

## CALIFORNIA FORM

## Sale of Credit Attributable to an Independent Film

3551

Pa	nrt I Se	eller and Buyer Information. See instructio	ns.								
	☐ Check	the box if the seller is a single member lime an LLC please choose the appropriate box	ited liability			. a $\Box$	partnersh	in [	] corporation		
Seller		te on CFC Tax Credit Certificate. All sellers complete.							☐ CA Corporation no. ☐ FEIN		
	Address (	ess (suite, room, PO box, or PMB no.)					CA Secre	CA Secretary of State file number			
	City						State	Zip code			
	Partner, n	er, member, or shareholder name. Leave blank, if same name as above.					□SSN o	SSN or ITIN CA Corporation no. FEIN			
	Address (	ess (suite, room, PO box, or PMB no.)					CA Secre	CA Secretary of State file number			
	City	ity					State	Zip co	p code		
Buyer	Buyer nar	er name					□SSN o	SSN or ITIN CA Corporation no. FEIN			
	Address (	ess (suite, room, PO box, or PMB no.)					CA Secre	CA Secretary of State file number			
	City							Zip co	de		
Pa	art II 📗	ndependent Film Questionnaire. See instr	uctions.								
<ul> <li>Yes. Go to question 2.</li> <li>No. Stop. The credit cannot be sold. Only a credit attributable to an independent film can be sold. Do not complete the rest of the credit can be sold, answer the following questions:</li> <li>a Did you purchase the credit from another taxpayer? Yes No</li> <li>b Is the credit being sold to more than one taxpayer? Yes No</li> <li>c Is the buyer a related party? Yes No</li> <li>If you answer "Yes" to any of the questions, STOP. The credit cannot be sold. Do not complete the rest of the form. If you answer "No" to all of the questions (in question 2), go to question 3.</li> <li>Did this credit pass-through more than one entity? Yes No</li> <li>If you answer "Yes," you are required to attach an additional schedule (see instructions for Part II), then go to Part III. If "No," g</li> </ul>											
Ta:	From CFO x Credit Ce ller's Perm		certificate. part			al amount of distributive share of credit if seller is a tner, member, or shareholder. See instructions.					
7	Total amo	ount of credit being sold.		Total amount of consideration received.  9 Tota qual			tal amount o alified sales	l amount of credit seller applied or will apply to CDTFA ified sales and use taxes.			
Siç He		Seller's or Officer's signature		Title			Date		Telephone		
Pa		Preparer's signature			Date		Check if se employed		PTIN		
	eparer's se Only	Firm's name (or yours, if self-employed) and address							Firm's FEIN Telephone		
	May the FTB discuss this form with the preparer shown above?							No	Тегернопе		

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